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Boston Commission on Affairs of the Elderly

Area Agency on Aging Region VI

Area Plan On Aging

Federal Fiscal Years 2006-2009

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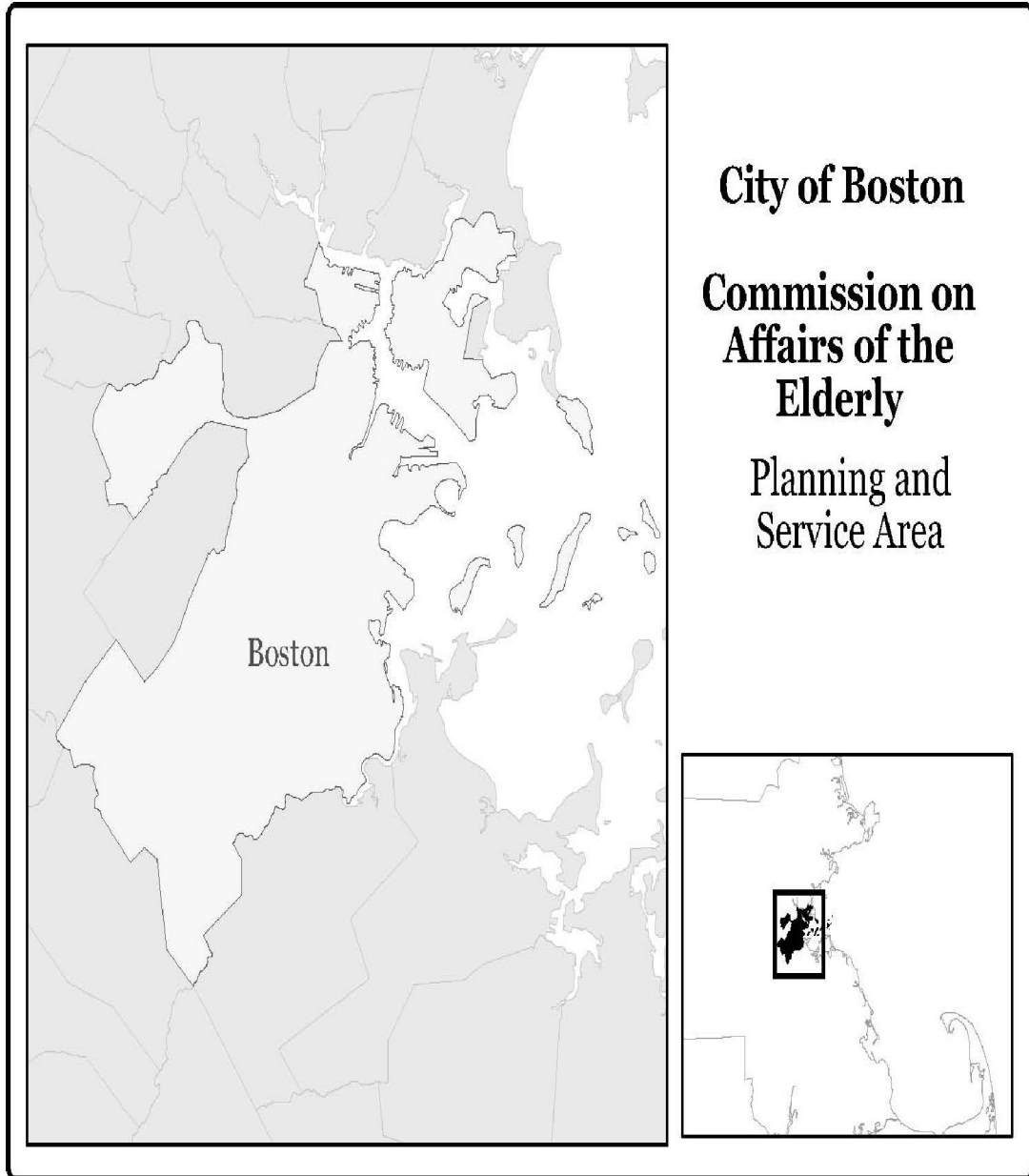
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Area Plan 2006-2009

Introduction

Area Plans are mandated by the Older Americans Act to ensure that limited resources are utilized in the best manner to provide services appropriate to the area and its most needy older residents in a professional and caring way. Older Americans Act funding enables the Commission to provide financial and programmatic support to non-profit agencies in the following areas of service:

Ø Title III-B Support Services: These services include: legal assistance, shopping assistance, home repair, recreation, arts programs and translation and interpreting services.

Ø Title III-C Nutrition Programs: These programs provide ethnically appropriate, nutritionally sound, and cost effective meals to the three (3) service areas of Boston to meet the diverse populations of the neighborhoods

Ø Title III-D Health Promotion and Disease Prevention: This service type should increase awareness of appropriate health issues, diseases and other areas relative to the health and well being of seniors. Programs may include health screening, health education including mental health, coordination or facilitation of workshops and/or conferences relative to cancer awareness, substance abuse, cardiovascular and respiratory disease prevention and Alzheimer's disease.

Ø Title III-DM Medication Management: These programs are intended to support agencies in developing or strengthening programs which increase awareness of prescription medications and their management. Such programs could include education around the medication itself; possible side effects; drug interactions and generic counterparts.

Ø Title III-E Caregiver Support Services: These programs should offer support and resources to caregivers who are providing care to a senior or grandchild in need. Included in the resources provided are: support groups, advocacy, respite care, information and referrals, workshops and trainings.

Ø Ombudsman Programming: The purpose of the Ombudsman Program is to protect the rights and benefits of long term care residents according to State and Federal laws. The program goals are to receive, investigate and resolve nursing and rest home complaints, protect the rights of residents, provide information on long term care issues to residents and their families and to advocate for positive changes to the long term care system

In response to the requirements of the 1973 Amendments to the Older Americans Act, the Massachusetts Department of Elder Affairs designated the Commission on Affairs of the Elderly as the Area Agency on Aging for Region VI – the City of Boston (AAA). With this designation, came the responsibility for planning, coordinating and advocating for services on behalf of older adults, and for distributing and monitoring funding as stipulated by the Older Americans Act. In order to meet the requirements of the Older Americans Act, the Commission organized the Mayor's Advisory Council to the Area Agency on Aging Region VI (the Advisory Council), composed

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of consumers and providers. Council members assist the AAA in establishing priorities for funding and development of the Older Americans Act programs in Boston.

In addition to being the designated Area Agency on Aging Region VI the Boston Commission on Affairs of the Elderly (Commission), is also the designated Council on Aging serving the City of Boston. The Commission's mission is "to enhance the quality of life for all seniors living in Boston". To that end, the Commission provides: direct services through their Community Services Advocates, the Senior Shuttle, Taxi Discount Coupon Program, health education and screening; informational services such as *Boston Seniority* and the broadcast venue: BNN Live, a weekly live cable call-in show on cable channel 9; volunteer and employment training opportunities such as Retired and Senior Volunteer Program (RSVP), Boston Senior Companion Program (SCP) and Seniors Training for Employment Program (STEP); funding of and technical assistance for Title III Programs; and advocacy and empowerment of the seniors through the Mayor's Advisory Council to the Area Agency on Aging (the Advisory Council) and its Advocacy Task Force. Other programs run by the Commission are: "Seniors Count" outreach to seniors living independently, Boston Meals on Wheels, Boston Kinship (our Intergenerational/Multicultural Program developed with the support of Boston Center for Youth & Families and in collaboration with the Mayor's Office of Neighborhood Services) and the Veronica B. Smith Multi-Service Senior Center. Many of these programs are wholly or partially funded through other grants and donations. The Commission is also an active partner in many coalitions including REACH Boston Elders 2010, which addresses health disparities of older African American residents with regard to cardiovascular disease and diabetes, and Boston Partnership for Older Adults (BPOA), which is funded by the Robert Wood Johnson Foundation.

This plan has been developed on the basis of the Needs Assessment Survey done statewide as well as several locally held forums. The results of the Boston Page from the statewide survey are Attachment 1, the Massachusetts statewide survey results are attached as Attachment 2 and the local forums results are Attachment 3. The plan presented here reflects the forums, the Needs Assessment and the State's Priority Areas. Some of the most frequently mentioned needs cannot be addressed through the Title III programs (e.g., housing costs and availability, costs of utilities, etc.) but can be targeted as advocacy subjects for the Advisory Council and the Elderly Commission to work on. Priority areas for the next three years are listed below, by Title III category.

B SUPPORTIVE SERVICES PRIORITY AREAS

- Ø Legal Service
- Ø Translation and Interpreting
- Ø In Home Health Services
- Ø Food Shopping Assistance
- Ø Senior Center Programs

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C NUTRITION PROGRAM PRIORITY AREAS

- Ø Provide ethnically appropriate, nutritionally sound, and cost effective meals to the three (3) service areas of Boston to meet the diverse populations of the neighborhoods.

D DISEASE PREVENTION AND HEALTH PROMOTION SERVICES PRIORITY AREAS

- Ø Exercise Programs
- Ø Health Education
- Ø Alzheimer's Programs

DM MEDICATION MANAGEMENT SERVICES PRIORITY AREAS

- Ø Coordinating/facilitating medication education & drug interaction awareness workshops using certified and/or registered medical professionals.
- Ø Informational programming to provide consumers with the knowledge of the most economical, safe and effective medications available for their conditions.
- Ø Services to minimize adverse events resulting from prescription drug interactions.

E CARE GIVER SUPPORT PRIORITY AREAS

- Ø Grandparents Raising Grandchildren programs*
- Ø LGBT Caregiver Support*

* The Commission is part of the Suffolk County Regional Caregivers Alliance. The Alzheimer's Foundation gets funding through one of our partners.

The Boston Area Plan

State Priority Areas and How The Region VI Area Plan Complements Them

1. Make it easier for older people to access an integrated array of health and social supports.

The Commission on Affairs of the Elderly/Area Agency on Aging Region VI (the Commission or the AAA) makes it easier for older persons to access an integrated array of health and social services by educating the public and policy makers on the current health and social supports available and/or not available and needed for seniors in the City of Boston. The Commission publicizes the health and social support needs of Boston's seniors in newsletters (Boston Seniority has distributed 80,000 copies year-to date) and mailings, through site visits by advocates, and on the internet (see our site at www.cityofboston.gov/elderly/). Four of the five Title III-B

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priorities (Translation and Interpreting, In-Home Health Services, Food Shopping Assistance and Senior Center Programs have an obvious application to this goal.

The AAA collaborates with local community health care centers, hospitals and other agencies to make health care services more affordable and accessible to Boston's seniors. Upham's Corner Health Center provides in-home nursing visits, counseling, information and assistance to forty (40) clients annually. Laboure Center provides in-home counseling services, while Match-Up Friendly Visiting Program provides support to Boston elders with visits and phone calls that not only provide companionship but are also a link to information and assistance. MATCH-UP's Medical Escort Program provides escorts to doctor visits as well as other supportive services as needed by the client. MAB Community Services provides in-home services for the blind and the Good Samaritan Hospice provides end of life care health and social services to families in the City of Boston.

Senior Centers are an important part of the Commission's network. They provide socialization, information and assistance, exercise and other health programs, access for those who do not speak English or are deaf and/or blind and outreach. Each senior center has differing services according to the needs of its service area. Senior centers funded by the Elderly Commission include: ABCD Mattapan Family Service Center, ABCD Parker Hill/Fenway Neighborhood Service Center (Hispanic), East Boston Social Center, Greater Boston Guild for the Blind, Greater Boston Chinese Golden Age Center Asian Drop-in Center, La Alianza Hispana, New England Home for the Deaf, South Boston Neighborhood Center, United South End Settlements, Veronica B Smith Senior Multi-Service Center (Russian, some Chinese and American born) and, new this year, the John F. Kennedy Center. The Kennedy Center will also be providing transportation for shopping.

In cooperation with many senior centers and congregate meals sites, ABCD Project Healthy Plus provides health education and assists seniors to organize around health advocacy issues and outreach to other elders. In addition to the two (2) Hispanic senior centers, Inquilinos Boricuas en Accion (IBA) also provides access for Hispanic seniors. IBA outreaches to the seniors in its neighborhood and provides translation and interpretation, friendly visiting and counseling. The Kit Clark Senior Services (KCSS) Minority Outreach Program provides access to Haitian, Cape Verdean and Vietnamese elders.

Volunteer programs provide access to health and social supports and help keep seniors in their homes in many ways. The Kit Clark Senior Services VITA Program is based on the unique concept of a time bank: volunteers accumulate hours which they have volunteered to draw upon when they themselves need help. The volunteers make home visits, providing companionship and escorts to other seniors, and are involved in supportive groups. The Ethos Volunteer Program recruits persons to work in all Ethos programs, especially the Ombudsman Program. The program pays special attention to recruiting volunteers who are culturally and linguistically appropriate for the program. Volunteers assist seniors with shopping, clean-ups and companionship, making home visits once a week.

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The Commission funds three (3) agencies which provide housing supports. Boston Medical Center's Elders Living at Home Program works with elders who are either homeless or in imminent danger of becoming homeless. This program is very comprehensive: placing persons in shelters and, whenever possible, temporary housing and connecting the clients with counseling services and other benefits as needed, including follow-up services to help the clients retain their housing. The Committee to End Elder Homelessness has built several housings for homeless elders. The part of the program funded by the AAA provides recreation for their residents. This recreation provides the residents with opportunities to re-learn social skills forgotten in their struggle to survive on the streets. Finally ESAC provides home repair services for seniors living in their cachement area. The repairs are often the difference between the elder living in his/her own home or apartment and moving to assisted housing or another supportive living situation. Although not funded by Title III, the program also provides advocacy for seniors in danger of losing their homes. These particular programs are among those active in the Housing Task Force of the Advisory Council.

Thirty-six percent (36%) of the Elderly Commission's allotted Title III-B funding will be expended providing services associated with access and about sixteen percent (16%) of Title III-B funding goes to in-home services.

The Nutrition Program provides home-delivered meals and congregate meals sites for seniors in Boston. The AAA funds three (3) agencies to provide these services in their specified areas: Kit Clark Senior Services, Ethos and the Greater Boston Chinese Golden Age Center. These agencies provide traditional "American" meals, a variety of ethnic meals and special diet meals. The congregate meals sites often offer other programming as well as meals and are frequently located in senior centers thus providing socialization, one healthy meal a day and access to information. The home-delivered meals, also known as meals-on wheels, provide a daily check on homebound seniors, a nutritious meal and information. The intake process also identifies other services needed and offers access to these services. The Nutrition Program is a very important part of providing seniors access to the health and social services which they need to remain in their own homes.

Of course, the Advisory Council, which meets ten (10) times a year, is an important source of access to services for seniors. Information is passed to and from the neighborhoods through the members of the Advisory Council. These members, who are also active in many activities in their neighborhoods, form a grassroots access network. The Advisory Council Task Forces (the Advocacy Task Force, the Health and Long Term Care Task Force and the Housing Task Force) are an important way for consumers and providers to work together to improve the quality of life for all seniors living in the City of Boston. All task forces help older people "access an integrated array of health and social services" by providing for the exchange of information among staff, seniors and agencies. The Health and Long Term Care Task Force has informational meetings on current health issues and keeps members aware

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of important legislation, both State and Federal. The Housing Task Force picks one issue to be their main focus and also discusses current topics that relate to housing. Although the Advocacy is mainly legislatively oriented, their work helps ensure that the services are available for the seniors.

The Commission also provides direct services that enhance the ability of seniors to access the supports that they need. Information and assistance is provided through the Community Service Advocates, including advocates who can speak Spanish, Chinese, Cambodian and Vietnamese. These advocates provided 11,850 units of information and referral and made 1,582 home visits in the past year. In addition, transportation is made more accessible through the provision of taxi coupons for reduced fares on Boston licensed taxicabs (48,000 coupons sold to 1347 clients). The staff member in charge of this program speaks Haitian Creole and French. These services are made available in part through Title III funding.

The Commission provides services, which are not, funded by Title III that make it easier for the seniors in Boston to access supports. For example, the Senior Shuttle is available to take seniors to medical appointments and grocery shopping. The shuttle provided 47,491 rides in the last year. SHINE (Serving the Health Information Needs of the Elderly) trainings are being provided by the SHINE Director for all interested, thus creating a network of volunteers to counsel fellow seniors on health insurance choices. There has been an extra emphasis on SHINE and presentations from experts on Medicare D in the past year. This will continue into the foreseeable future as Medicare D is very complex. This year SHINE has counseled 1,944 clients and made three hundred twenty-five (325) presentations to 2,887 clients.

Also, the Commission has actively recruited 13 volunteers, who started training on September 6, 2005 to be prepared and in the community to educate seniors on the new Medicare part D benefits. These volunteers will complete the full SHINE training from EOEA and be placed in various Senior Centers by the end of November. The Commission did a massive outreach to its constituents and has been able to recruit volunteers in the following languages: Mandarin, Cantonese, Russian and Spanish,

The Commission has also partnered with Kit Clark Senior Services through its Minority Outreach Program, to have the Medicare Part D materials translated into Vietnamese and Haitian/ Creole. With EOEA's support the AAA has designated a new SHINE Director, Sheila Lehane, who is out in the community presenting the Medicare Part D materials. Ms. Lehane is also using interpreters in various neighborhoods.

Every year the schedules of flu shot immunizations at various locations is available in the Commission and is distributed to all sites by the Commission's Community Service Advocates. The Advisory Council members usually receive immunizations at their November meeting. When there is sufficient vaccine, flu shots are also

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offered at City Hall for eligible persons. Informational fliers are distributed as widely as possible.

The Boston Senior Companions Program provides companions (currently fifty-one) who have, over the years, played an important role in the health and well-being of their clients. About fifteen (15) clients have been taken to the hospital in time to be helped as a result of the observations made by the companions. The RSVP (Retired and Senior Volunteer Program) provides volunteers (currently four hundred eighty) for congregate meals sites, hospitals and non-profit agencies working with elders, blind persons and other disabled. The hours that the volunteers work is amazing: 50,132 for the Senior Companions and 140,742 for the RSVP. Every year, the Commission sponsors or co-sponsors a number of recreational events, health fairs and healthy activities. The Commission's publications have already been mentioned.

2. Help older people to stay active and healthy.

The Commission on Affairs of the Elderly encourages older persons to be active through the programs funded through Title III and the many programs provided by the Commission itself. Many of the programs mentioned above are also instrumental in helping older persons to stay active and healthy. Having access to health and social supports makes it easier to stay active and healthy.

The AAA funds other programs that enable seniors to stay healthy and active based on the priorities for the Title-D and DM Programs funded by the Commission as listed on page six (6) of this report. These provide a good basis for people staying healthy and active. The Memory Loss Program at Kit Clark Senior Services is one of the programs funded under Title III-D. The program provides access to social events, healthcare services and support groups for seniors and caregivers of those with Memory Loss. Another, the Greater Boston Chinese Golden Age Center's Title III D program Asian Health Focus, supports the states goal of helping older people to stay active and healthy. Their program focuses on having educational workshops, exercise classes, and wellness consultations. The exercise classes conducted in Chinese emphasize the importance of an active and healthy lifestyle. The classes also emphasize how exercise can help seniors in preventing and controlling diabetes, heart disease, and strokes. The wellness consultations provide one on one counseling to seniors about medication, joint pain, and hypertension. Professionally trained and licensed staff performs the consultations. Whenever possible the staff provides information and referral to the appropriate healthcare organizations and professionals.

Ethos's Nutritional Assessment program for Title III D evaluates seniors with a nutrition-screening tool, which allows them to learn more about seniors needs and assist them with providing nutrition education workshops, nutrition counseling,

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and outreach. Nutrition screenings and nutrition education workshops are provided to seniors attending congregate lunch sites. This allows the program to disseminate information on health promotion and disease prevention topics to people of all socio-economic levels and in several languages. The program helps seniors adopt, maintain, and practice healthy behaviors by providing counseling and medical nutrition therapy in people homes. Ethos collaborates with other organizations to help promote the program. They also outreach to seniors and other professionals to encourage older people to adopt and maintain a healthy lifestyle.

Ethos also provides nutritional counseling and transportation under Title III-C. In fact, the Nutrition Program is essential in keeping people healthy by providing healthy, balanced meals and active by providing congregate meals sites that encourage older persons to come out of their apartments for a few hours a day. For homebound elders the meals on wheels assure that the seniors eat at least one healthy meal a day.

Project Healthy Exercise Plus Program with ABCD works with seniors to help them stay active and healthy. The program recruits seniors for exercise classes, to be trainers, and performs outreach. The exercise and osteoporosis prevention classes educate participants on appropriate exercises to reduce health risks and minimize physical disability. The program trains community seniors to lead the classes and help fellow seniors to adopt and maintain active lifestyles. The program's seniors also hand out and discuss packets of information on the latest, consumer-friendly nutrition and health topics. ABCD's program partners with local organizations to reach seniors and educate them on how to stay active and healthy.

New this year is Jewish Memorial Hospital and Rehabilitation Center's Boston Community Care Medication Management Program. Boston Community Care's medication management program occurs in a workshop format at various sites throughout the city. The program promotes healthy and active aging by educating seniors on prescription medications and their timely use, removal of old medications and safe medication routines.

In addition to supporting medication management to increase healthy and active aging, the Commission collaborates with the City of Boston's Public Health Commission to provide healthy and active aging annual events including: Mayor's Walk, Greater Boston Senior Games, and the Mayor's Health and Fitness Walk. Furthermore the Commission sponsors several other federally funded programs that encourage the participants to stay active including STEP (Senior Training and Employment Program) (242 trained this year in 1,207 hours), RSVP (Retired and Senior Volunteer Program) and the Senior Companions Program. As mentioned in the previous section, the Commission attempts to enable all high-risk seniors to get their flu shots. These programs not only keep the participants active, but also provide needed services to non-profit

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and governmental agencies and companionship and assistance to homebound elders.

3. Support families in their efforts to care for their loved ones at home and in the community.

As a collaborative member of Caregiver Alliance of Suffolk County, the Commission supports families in their efforts to care for loved ones at home and in the community by providing caregiver support services directly and by supporting and partnering with other Boston area agencies that provide caregiver support services. The Commission participates in educating the public and medical communities on the role of family caregivers by publicizing information through newsletters, mailings, website, community events and direct services. Direct caregiver services provided by the Commission include: information and referral, assistance in gaining access to support services, support groups, educational trainings, respite care and scholarships and supplemental services.

The Commission contributes to caregiver educational forums by presenting, providing materials and by providing speakers. Finally, the Commission supplements state and private funds at area service agencies by offering caregiver services to specialized populations including: LGBT (LGBT Aging Project) and Grandparents Raising Grandchildren (MSPCC). By supporting these specialized populations, the Commission is able to reach out to many isolated, poor and minority seniors in the city of Boston.

4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The Commission works with Ethos Protective Services to prevent and/or investigate elder abuse and neglect allegations. The AAA chose legal service as its' lead priority for Title III-B funding indicating the Commission's commitment to making sure the rights of seniors are not exploited.

Programs funded by the AAA for the above purposes include two (2) legal service programs: Greater Boston Elderly Legal Services (GBELS) and the Volunteer Lawyers Project of the Boston Bar Association. These two programs provide services to low-income elders living in Boston. They complement each other by offering different services and referring seniors to each other as needed. They also provide information on how to access many other supportive services. Both agencies are members of the Advisory Council's Advocacy Task Force. The Ethos Ombudsman program provides protection from abuse, neglect and exploitation of the frailest, and often poorest, seniors, those in long term care facilities. This program is a very important part of our safety net. This program is the patients' impartial advocate.

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Massachusetts Association of Older Americans (MAOA) is a senior advocacy organization founded by Frank Manning and ten (10) other seniors in 1969, a first of its kind in the nation. This organization provides outreach and information on legislation and issues affecting older persons in Massachusetts. Three (3) organizations mentioned in the first section provide advocacy on behalf of seniors needing housing assistance: Boston Medical Center's Elders Living at Home Program, Nuestra Comunidad and ESAC (although ESAC is only funded for repairs). Finally IBA, also mentioned in the first section provides advocacy for Hispanic elders.

Approximately thirty-two percent (32%) of the Commission's allotted Title III-B funding is expended on legal assistance.

The Advocates in the Commission on Affairs of the Elderly also work to protect the rights of Boston seniors. There is an advocate working directly with the Housing Court. Other City agencies such as the Shelter Commission, Inspectional Services Department (ISD), the Disabilities Commission, and others cooperate with the Commission in order to protect the rights of older people and prevent their abuse, neglect, and exploitation. Additionally the Suffolk County Sheriff's Department and other county, state and federal agencies also work with the Commission for the protection of Boston's seniors.

The policy of the Commission is for all funded agencies provide services to those who are in most need economically and socially, including low-income minority individuals. All Scope of service Agreements have a section asking the agencies to explain how they will reach out to the people in most need and the low-income minorities in their service areas. The AAA has asked that the agencies give priority to these persons and to serve at least the percentage of low-income, socially needy, and/or low-income minority seniors as the percent found in their service area. In actual fact the majority of our programs serve eighty-five to one hundred percent (85-100%) low-income seniors. Until the year-end reports are received in October 2005, the number and percent of low-income minorities will be unavailable.

According to figures based on the latest U. S. Census, eighteen percent (18%) of the older persons living in Boston are below the poverty level and thirty-three percent of older adults are minorities. Since most of the clients served by our funded agencies are low-income, it seems unnecessary to set a goal based on income. When figures for actual number of minorities served become available, the AAA will set a goal for services provided to low-income minorities. The Commission has funded a minority outreach program as well as many programs that serve mainly minority and/or non-English speaking populations. Three (3) funded programs serve blind and/or deaf seniors. The Good Samaritan Hospice provides services for terminally ill patients and their families. The AAA funds a memory loss program and the Alzheimer's Foundation receives funding through

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the Suffolk County Caregivers Alliance. With bi-lingual persons on staff, the Commission hopes to be able to provide services to all seniors in Boston, especially those in most need.

The AAA's Nutrition Director is a part of a workgroup formed by EOEA to prepare for the coming "Baby Boomers Age Wave". This group is developing a community model for the nutrition program that will include services such as transportation, meal programs, and homecare. The AAA has formed its own group including their three Boston nutrition programs to start addressing this issue. They will be looking at a variety of different solutions and recommendations for the future of the program. Some of the topics to be addressed are: Increasing the ethnic diversity of the meals, changing the Senior Center's programming to include "Younger" seniors activities, consolidation of some congregate nutrition sites and strengthening the nutrition assessments for home delivered clients. This committee will report its findings and recommendations to the AAA Advisory Council for review.

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Attachment 1

Please answer a few more questions from your local Area Agency on Aging,
The Boston Elderly Commission.

N=186, unless specified

1. Which of the following is of **MOST** concern to you regarding your future ability to live

in the City of Boston? [Please check **ONE**:]

16.1% Access to health care

20.4 Housing costs

7.5 Supports from family and friends

8.6 Availability of

supportive services

16.1 Protection from crime/safety on the streets 8.6 Transportation

6.5 Other(specify)_____

2. Are you satisfied with your current housing situation? Yes 68.3
No_____

[If not, **why**? Please check **ALL** that apply:]

15.6% Price/Cost of rent/mortgage/property tax 18.3 Cost of utilities, such
as heating costs

11.3 Home repair/maintenance costs

2.7 Quality/Condition

1.6 Handicap accessibility

1.6 Safety within the home

5.9 Safety in the neighborhood

3.8 Responsiveness of

management to problems

2.2 Other(specify)_____

3. Do you have contact with other persons on a regular basis? Yes 90.9
No_____.

4. How often do you have contact with family or friends who do not live with
you?

55.1% Daily

33.1 Weekly

6.2 Monthly

5.6 Occasionally

1.1 Never

N=178

5. Would you prefer: 14.5% More contact 84.9 The same amount 0.6 Less
contact N = 159

6. Where do you go when you need information on services, benefits or other
assistance?

[Please check **ALL** that apply:]

23.7 Boston community newspaper/s 36.0 Daily Newspaper/s

14.0 Cable TV

18.3 TV

18.8 Radio

11.3 Internet

4.8 "Boston Seniority"

5.4 "Boston Elder Info"

8.1 Boston Elderly Commission

4.3 Other government agency

3.8 Senior Center/Clubs

3.2 Other non-governmental agencies

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7.5 Church/Temple/Mosque

4.8 Community Meetings

28.0 Doctor

9.1 Social worker/Case manager

40.3 Family

30.6

Friends

3.8 Other(specify)_____

2.7 None

7. In your opinion, of all the services available, how well are elders served in Boston?

4.7 Excellent

27.7 Very Good

41.9 Good

20.7 Fair

4.7 Poor

N=148

Please

explain_____

Attachment 2

The 2005 NEEDS ASSESSMENT of PEOPLE AGED 60+ in MASSACHUSETTS

AAA: BOS, N = 186 unless specified

2 7.7 5 1.7 8+ 0

N = 181

1. Please tell us your age: N = 184

60 - 64 21.2% 80 - 84 9.8

65 - 69 20.1 85 - 89 8.2

70 - 74 20.1 90 - 99 4.3

75 - 79 16.3 100 + 0

2. Are you: *Female* 59.2 N = 174

3. Are you: *Hispanic* 3.9

Asian, non-Hispanic 7.3

Black, non-Hispanic 15.6

White, non-Hispanic 72.1

American Indian/Alaskan 1.1

Other (please specify:)

N = 179

4. Do you speak English:

Very well 68.9

Well 12.0

Poorly 10.4

Not at all 8.7

N = 183

[4a. IF “*Poorly*” OR “*Not at all*”:]

What language other than English
do you speak most often?

5. Where do you live?

A place that I own 45.7

Family member’s home 8.7

Public Elderly housing 24.5

Private rental housing 19.0

Group quarter 1.6

Assisted living 0.5

N = 184

6. Do you live alone? *Yes* 48.1 N = 185

[IF NOT ALONE] How many **family
member/s** are there living with you?

0 49.2 3 3.9 6 0

1 32.0 4 3.9 7 1.1

7. Is anyone in your household receiving
personal care from relative/s or
friend/s?

Yes 10.2

7a. IF YES, **who** receives personal care?
Please estimate how many **hours a
week?**

Receiver % Av.Hours

Myself 3.8 6.3

Another elder 2.2 _

Adult age 19 – 59 1.1 _

Child under 19 1.1 _

8. Do you provide any of the following
help

to any household member/s?

Another Adult

Child

elder age 19–59

under 19

Housing 6.5 5.9

2.2

Personal care 3.2 1.6

1.1

Financial

Assistance 5.4 2.7

2.2

Social/Emotional

support 8.6 5.4

1.6

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13. Please estimate your **TOTAL FAMILY INCOME in the last 12 months (in 2004)**,

including wage, pension, social security, and interest, etc. [PLEASE INCLUDE ONLY FAMILY MEMBERS LIVING WITH YOU]:

(PLEASE CHECK ONE)		<u>Annually</u>	(or <u>Monthly Average</u>)
<i>N = 165</i>	23.0	\$9,310 or below	(\$775.83 or below)
	11.5	\$9,311 to \$12,490	(\$775.84 to \$1,040.83)
	15.2	\$12,491 to \$15,670	(\$1,040.84 to \$1,305.83)
	8.5	\$15,671 to \$18,850	(\$1,305.84 to \$1,570.83)
	4.2	\$18,851 to \$22,030	(\$1,570.84 to \$1,835.83)
	4.8	\$22,031 to \$25,210	(\$1,835.84 to \$2,100.83)
	1.8	\$25,211 to \$28,390	(\$2,100.84 to \$2,365.83)
	1.2	\$28,391 to \$31,570	(\$2,365.84 to \$2,630.83)
	29.7	\$31,571 or above	(\$2,630.84 or above)

30.3 % Below Poverty, *N = 165*

14. Do you (**yourself**) need help in any of the following areas? **For EACH area, please check** whether:

	(a)	(b)	(c)
(d)	<i>I do not</i>	<i>I am</i>	<i>I need help, I</i>
<i>know where</i>	<i>need help</i>	<i>getting</i>	<i>but do not to</i>
<i>get help,</i>	<i>in this</i>	<i>help in</i>	<i>know where</i>
<i>but cannot</i>	<i>Area</i>	<i>this area</i>	<i>to get it</i>
<i>get it</i>			
Finding educational programs	0.5	4.3	
0.5			
Finding exercise/athletic prog.	3.8	5.9	
0.5			
Finding volunteer opportunity	2.7	2.2	
0.5			
Finding employment	0.5	1.6	
1.1			
Improving social activities	1.6	9.1	
0.5			
Finding dating opportunity	0	2.7	
0.5			
Preparing tax forms	5.9	4.3	
0.5			
Managing money/bills/claims	6.5	3.8	
0.5			
Paying for property tax	0.5	3.2	
2.2			
Applying/appealing for financial assistance (i.e., Food Stamp, SSI, or Fuel Assistance)	5.4	8.6	
2.2			

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Getting home repairs 1.1	3.8	8.6	
Giving my caregiver training 0	0.5	0.5	
Giving my caregiver time off 0.5	1.6	0.5	
Finding medical escort 0.5	4.3	3.2	
<i>FINDING TRANSPORTATION FOR:</i>			
Medical appointments 1.1	6.5	7.5	
Social functions 0	4.3	4.8	
Basic errands 0.5	4.3	4.8	
<i>FINDING LEGAL ASSISTANCE FOR:</i>			
Consumer complaint 0	1.6	3.2	
Tenant rights 0	1.6	2.7	
Insurance issues 0.5	2.7	3.2	
Estate planning/wills 0	3.8	5.9	
Immigration/naturalization 0.5	0.5	2.2	
<i>COPING WITH:</i>			
Large debt/credit card bills 0.5	1.6	3.8	
Medicare pharmacy cards 1.1	4.3	5.4	
Safety from crime 0	1.6	1.1	
Abuse, neglect, mistreatment 0.5	0.5	0	
Memory loss or confusion 0	3.8	2.7	
Smoking 0.5	0	0.5	
Alcohol/ other drug abuse 0.5	1.1	0	
Physical or sensory disability 2.2	1.6	0	
Depressing mood 0	4.3	3.2	

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Attachment 3

Needs Assessment Survey Results Boston Forums

Placeholder

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Appendix 1

Official Signature Page

This Area Plan on Aging has been developed according to requirements of the Older Americans Act of 1965, as amended through 2000 (P.L. 106, sec. 501), Federal Regulations, Department of Health and Human Services, 45 Part 1321, dated August 31, 1988, Grants for State and Community Programs on Aging, and Executive Office of Elder Affairs policy and regulation.

The Area Agency Board of Directors and Advisory Council have approved the Area Plan on Aging for the period covering Federal Fiscal Years 2006 through 2009.

_____ (Signed)

(Date) (Chairperson of Board of Directors)

_____ (Signed)

(Date) (Chairperson of Area Advisory Council)

_____ (Signed)

(Date) (Area Agency on Aging Executive Director)

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Appendix 2

Area Agency on Aging Organizational Chart – Federal Fiscal Year 2006

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Appendix 3

Area Agency on Aging Current Advisory Council

FIRST NAME	LAST NAME	TITLE OF OFFICERS	CITY	AFFILIATION
Josephine	DeStefano		East Boston	
Theresa	Desimone		East Boston	
Marie	DiCiccio		East Boston	
Audrey	Downey		Mattapan	
Demetrios.	Droumboulas		Boston	
Olga	Dummott		Roxbury	
Lois	Epps		Dorchester	
Marguerite	Fagan		Brighton	
Claire	Flury		Boston	
Mary	Frasca		Boston	
Barbara	Garlington		Dorchester	
Wynn	Gerhard		Boston	
Barbara	Hopwood		Hyde Park	
Anna	Iandolo		East Boston	
Stanley	James		Mattapan	
Theresa	Johnson		Boston	
Elynor	Kelly		Hyde Park	
Brenda	King		Boston	
Gladys	Kiwacyznski		Boston	
Katherine	Klimek		West Roxbury	
Albert	Kniupis		West Roxbury	
Elaine	Kniupis		West Roxbury	
Martha	Lanzl		Brighton	
Velda	Lashley		Roslindale	
Dorothy	Howard		Boston	
Rita	Lupoli		East Boston	
Annie	Lyons		Quincy	
Bridget	Manganelli		East Boston	
Daisy	McIlwain		Boston	
Virginia	Nichols		East Boston	
Ann	Papapietro		East Boston	
Guidea	Paseo		East Boston	

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FIRST NAME	LAST NAME	TITLE OF OFFICERS	CITY	AFFILIATION
Adeline	Ponzo		East Boston	
Nina	Preston		East Boston	
Millie	Quintiliani		East Boston	
Joseph	Saia		South Boston	
Carmella	Saia		South Boston	
Joanne	Prince		Roslindale	
Nathan	Schindler		Boston	
Mary	Scrivano		Chelsea	
Harry	Seviour		Boston	
Frances	Sirignano		East Boston	
Ella	Smith		Boston	
Janet	Spence		Dorchester	
Joseph	Terrell		Dorchester	
Shirley	Thatcher		Boston	
Gina	Tierno		East Boston	
Marion C.	Vieira		Hyde Park	
Rosemarie	Yannetty		East Boston	
June	Young		Jamaica Plain	
Joyce	Zambito		Roslindale	
Mel	Goldstein		Boston	
Theresa	Daniels		Dorchester	
Morris	Englander		Boston	
Helen	Hiltz		Roslindale	
Kathleen	Ryan		West Roxbury	
Phyllis	Ferola		East Boston	
Mary	Abate		East Boston	
Ethel	Arsenault		Dorchester	
Catherine	Barrett		East Boston	
Martha	Beacon		Mattapan	
Ralph	Browne		Boston	
Thelma	Burns		Dorchester	
Mary Ann	Cerundolo		East Boston	
Joseph	Chaisson		Dorchester	
Margaret	Chambers		Jamaica Plain	
Beverly	Roye		Dorchester	
Clarissa	Lewis		Allston	
Warren	Markarian		Boston	

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FIRST NAME	LAST NAME	TITLE OF OFFICERS	CITY	AFFILIATION
Jorge	Rivera		Roslindale	
Suzanne	Palma		East Boston	
Domingo	Ortiz		Jamaica Plain	
Jose	Rivera		Jamaica Plain	
Gloria	Phillips		Jamaica Plain	
Joan X	Porter		Roxbury	
Carmen	Pola		Roxbury	
Robert	Lydon		South Boston	
Virginia	Donato		South Boston	
Lee	Marchi		West Roxbury	
Ernie	Marchi		West Roxbury	
Josephine	Pelosi		East Boston	
Mary	Pagnani		East Boston	
Nancy	Barbero		East Boston	
Ann	McNulty		East Boston	
Rose	Maffei		East Boston	
Connie	Sullivan		East Boston	
Collin	Allen		Dorchester	
Paul	Schratter		Boston	
Lillian	Daltry		Dorchester	
Elena	LaMonica		East Boston	
Elena	Brown		East Boston	
Elaine	McCarthy		Charlestown	
Ann	D'Alessandro		East Boston	
Florence	Deagle		Dorchester	
Miriam	Manning		Dorchester	
Ann	Eubanks		Roxbury	
Stephen	Mazur		Boston	
Maria	Waldron		Dorchester	
Connie	Carbone		East Boston	
Peter	Cardinale		East Boston	
Jerry	Deneumoustier		East Boston	
Marie	Deneumoustier		East Boston	
Albert	Rossi		Boston	
Terry	Sirgnano		Boston	
Joann	Cardinale		East Boston	
Juanda	Drumgold		Boston	

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FIRST NAME	LAST NAME	TITLE OF OFFICERS	CITY	AFFILIATION
Kathryn	Mastrappelito		East Boston	
Ruth	Moy		Boston	
Florence	Scapicchio		East Boston	
Frances	Barbaro		East Boston	
Frances	Sims		East Boston	
Marge	Viola		Chelsea	
Gloria	Platt		Boston	
Esme	Littleton		Jamaica Plain	
Ruth	Villard		Dorchester	
Barbara	Bullette		Dorchester	
Lena	Taylor		Dorchester	
Selma	Lamkin		Hyde Park	

_____ Percentage of the Advisory Council are 60+ years of age.

_____ Percentage of the Advisory Council are minority persons.

_____ Percentage of the Advisory Council are 60+ and minority persons

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Appendix 4

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Area Plan on Aging Assurances and Affirmation

This Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended and all relevant regulation:

1) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. ((a)(2))

(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))

(3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

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(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) describe the methods used to satisfy the service needs of such minority older individuals; and

(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

(5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

((a)(4)(B))

(6) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

((a)(4)(C))

(7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. ((a)(5))

(8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under

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section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. ((a)(9))

(9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
((a)(11))

(10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
((a)(13)(A))

(11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:

(A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(B) the nature of such contract or such relationship. ((a)(13)(B))

(12) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. ((a)(13)(C))

(13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this

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title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. ((a)(13)(D))

(14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. ((a)(13)(E))

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

(16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

The undersigned acknowledge the Area Plan Assurances for Fiscal Year 2006 and affirm their Area Agency on Aging's adherence to them.

_____ (Signed)

_____ (Date) _____ (Chairperson of Board of Directors)

_____ (Signed)

_____ (Date) _____ (Chairperson of Area Advisory Council)

_____ (Signed)

_____ (Date) _____ (Area Agency on Aging Executive Director)

Appendix 5

Area Plan on Aging Projected Budget – Federal Fiscal Year 2006

To be attached after October 15, 2005